

IN CASE OF MORE THAN ONE CHILD AT A BIRTH, A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF EACH, IN ORDER OF BIRTH, STATED. THIS CERTIFICATE MUST BE FILED BY THE ATTENDING PHYSICIAN OR MIDWIFE WITH EACH LOCAL REGISTRAR WITHIN 5 DAYS AFTER BIRTH.

PLACE OF BIRTH

County of Gila
District of _____
Town of _____
or _____
City of Hayden

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 37

Co. Register No. 240

Local Registrar's No. 31

FULL NAME OF CHILD Mania Franco

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Born ☐ YES
Alive ☒ NO

Sex of Child Female Twin, Triplet or other 1 and Number in order of birth 1 Legitimate? ☒ Date of Birth April 8th 1911
(Month) (Day) (Yr.)

FATHER
Full Name Timoteo Franco
Residence Hayden, Arizona
Color or Race Mexican Age at last Birthday 35 (Years)
Birthplace Mexico
Occupation Laborer

MOTHER
Full Maiden Name Victoria Vappes
Residence Hayden, Arizona
Color or Race Mexican Age at last Birthday 28 (Years)
Birthplace Mexico
Occupation Housewife

Number of child of this mother... 5 Number of children, of this mother, now living... 5 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on April 8th 1911, at 9:10 P.M.
*When there is no attending physician or midwife, then the householder should make this return.

(Signature) [Signature]
(Attending physician, midwife, householder.)*

Given or christian name added from a supplemental report... 191...

Address Hayden, Arizona
W. B. Dashi
LOCAL REGISTRAR.

466-408-552
COUNTY REGISTRAR.

Filed Apr 9 1911

Filed May 8 1912

A True Copy [Signature]
COUNTY REGISTRAR.